

PART I

NAME(Last)

LOBBYIST

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

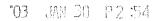
(First)

Teresa

P.O. BOX 616, HONOLULU, HAWAII 96809

THIS SPACE FOR OFFICE USE ONLY

RECEIVED





STATE OF HAMAE TATE ETHICS OF MM SSION

TELEPHONE

808-524-8561

## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

(Middle)

MAILING ADDRESS (Street)			FAX
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2,2 Merchant	State)	3 2 D	Code)
(City)	(Glale)	(Zip (	Cade)
Honolulu	14 1	968	13
EMPLOYING ORGANIZATION (Fill in only if you	are employed by a busine ss entity which has	been retained to lobby)	TELEPHONE
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MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FO	OR (Do not abbreviate)		TELEPHONE
The Trust For	Public hand	<u></u>	524-8561
MAILING ADDRESS (Street)			FAX
212 Merchan	t st		808-524-8565
(City)	(State)	(Zip	Code).
Honolulu	+ 1	9681	3
NAME OF PERSON RESPONSIBLE FOR PREPA		S STATEMENT	TELEPHONE
Teresa Mc MAILING ADDRESS (Street)	Hugh		808-524-856
MAILING ADDRESS (Street)			FAX
SAME (City)			
(City)	(State)	(Zip	Code)
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY								
DISCHARGE THE RESERVE THE RESE	OF COBSECTS OF ON WHIC	OH TOU EXPECT TO	POBBA					
[ Agriculture	Education	Human Servic	es		Science, Technology & Economic Development			
Communications & Public Utilities	Government Operations & Finance	Intergovernme	ental Relations, Affairs	X	Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Empl	pyment		Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Lan Use Managem			Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety	& Corrections					
PART IV CERTIFICATIO	N OF LOBBYIST							
I hereby certify that the	information furnished above	s, to the best of my,	knowledge, c	correct	and co <b>mplete</b> .			
1 / 101111	Vh-Huat	,	00-		102			
	(Signature of Lobbyist)	1	<del>2</del> 7 1	on	03			
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PART V AUTHORIZATIO	ON TO LORRY							
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NAME	,	TITLE OF AUTHORI	ZING OFFICER	OR PER	RSON REPRESENTED			
NAME Teresa	MeHugh	TITLE OF AUTHORI	ZING OFFICER	OR PEF	RSON REPRESENTED			
NAME	MeHugh	TITLE OF AUTHORI		OR PEF				
NAME Teresa  NAME OF ORGANIZATION (if ap	MeHugh		TEL	EPHON				
NAME  TERESA  NAME OF ORGANIZATION (if ap	MeHugh plicable)		TEL	EPHON	E			
NAME  Teresa  NAME OF ORGANIZATION (if ap  The Trus  MAILING ADDRESS (Street)	MeHugh plicable)	lsc har	TEL SU FAX	EPHON	5 24-856			
NAME  Teresa  NAME OF ORGANIZATION (if ap  The Trus  MAILING ADDRESS (Street)	Me Hugh  plicable)  t for Pub	lsc har	TEL SU FAX	EPHON	5 24-856			
NAME Teresa  NAME OF ORGANIZATION (if ap  The Trus  MAILING ADDRESS (Street)  212 Merch  (City)  Honolulu	Me Hugh  plicable)  t for Pub  aut 5t,  (State)	suite3	TEL  ### FAX  ### (Zip Code)  1 3	EPHON	E 524-856 524-8563			
NAME Teresa  NAME OF ORGANIZATION (if ap  The Trus  MAILING ADDRESS (Street)  212 Merch  (City)  Honolulu	Me Hugh  plicable)  t for Pub  ant 3t,	suite3	TEL  ### FAX  ### (Zip Code)  1 3	EPHON	E 524-856 524-8563			
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NAME Teresa  NAME OF ORGANIZATION (if ap  The Trus  MAILING ADDRESS (Street)  212 Merch  (City)  Honolulu	Me Hugh  plicable)  t for Pub  aut 5t,  (State)	suite3	TEL  ### FAX  ### (Zip Code)  1 3	EPHON	E 524-856 524-8563			